Can women consent to share their eggs?

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Aims of this paper

- To provide a brief overview of research into egg sharing.
- Briefly describe the approaches used for data collection.
- Discuss the findings that emerged, in particular, those associated with ‘informed consent’.
- Provide final conclusions and recommendations for future work.

Research background

- Pioneered in the early 1990s by Simons and Ahuja, ‘egg sharing’ was promoted and developed as a self-help scheme that enables women, who are themselves undergoing assisted conception procedures, the opportunity to ‘share’ their eggs with up to two recipients (Simons and Ahuja, 2005).
- In exchange the donor is able to access lower-cost treatment; the cost of her treatment is subsidised by the recipient.
- It is reported that the scheme was developed when patients at a clinic suggested that “if someone else would pay for our treatment, we could give up some of our eggs in return. We might be lucky” (Simons, 2008, p.11).

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- By 2005 it was estimated that over 2,000 children had been born to both donors and recipients in the UK as a direct result of egg sharing (Simons and Ahuja, 2005).
- Furthermore, egg sharing provides the biggest source of donor eggs in the UK – approximately two thirds of the UK totals (Human Fertilisation and Embryology Authority (HFEA), 2005).

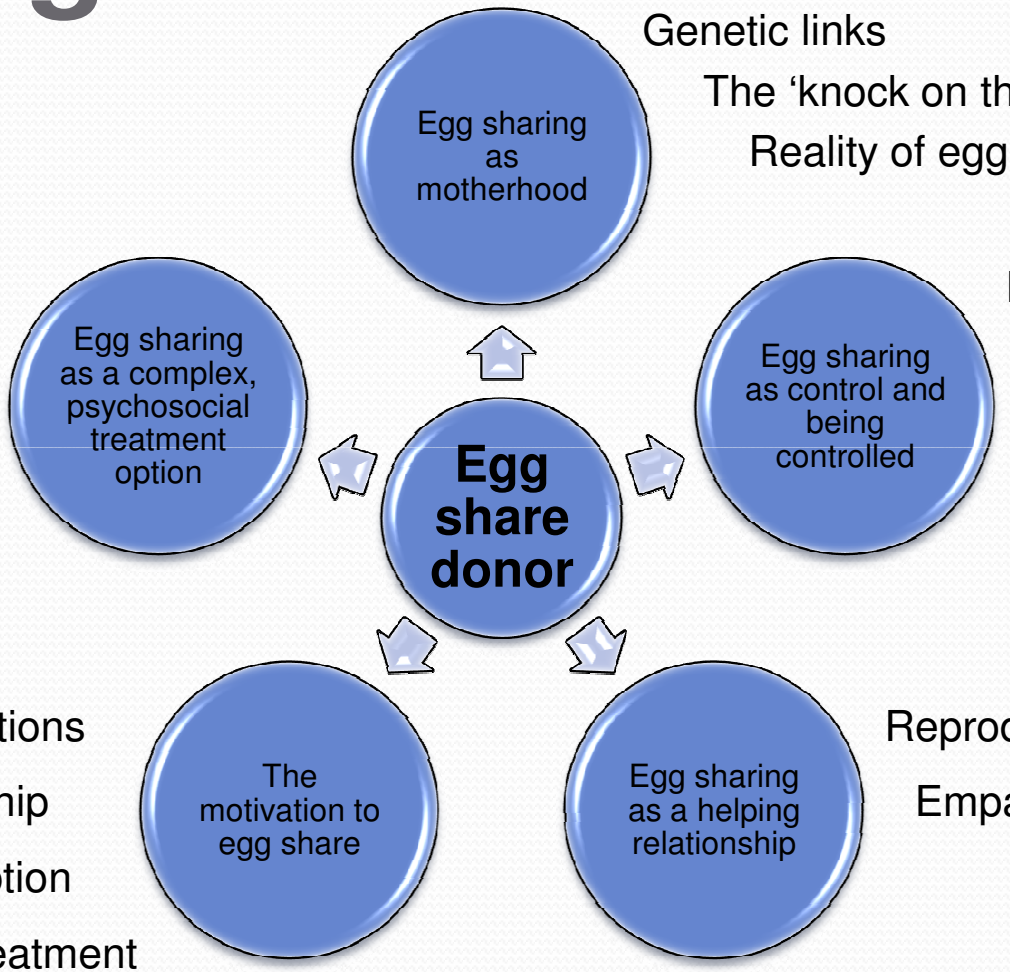
Research context

- The study explored the views and experiences of women who had been egg sharing donors. In particular: decision-making processes, motivating factors, their understandings of informed consent and their ability to provide informed consent.
- Asynchronous e-mail interviews were conducted with four egg share donors; a further 13 responded to an online survey.
- Sample population accounted for less than 1% of egg share donor population. However, the findings were in accord with studies by Rapport (2003) and Blyth (2004).

Data analysis

- E-mail interview data were analysed using the voice-centred relational method (VCRM) (Brown & Gilligan, 1992; Mauthner and Doucet, 1998; Gilligan et al., 2003; Martin, 2008).
- Survey analysis was undertaken using the in built functionalities of the Bristol Online Survey (BOS) software utilised to design, pilot and distribute the survey.
- Data were then combined for final analysis. This approach enabled a comparison of the emergent findings to be undertaken.

Findings



Potential children

Genetic links

The 'knock on the door' scenario

Reality of egg sharing

Reproductive control

Pressure to produce

Reproductive 'gift' giving

Empathy and altruism

Financial considerations

A helping relationship

No other option

Access to NHS treatment

Informed consent

Dissociation

Psychosocial impact

On informed consent

- “I believe I did fully understand what I was giving consent to and was quite surprised how much the consent forms covered and how many there were.” (Emmeline)

- “I have to give some of my eggs away, which means its possible that the other couple may end up having a child and we don't.” (Charlotte)

- “It is a easy decision to make at the time, however in retrospect had any woman got pregnant it would have haunted me...” (Respondent 6)

Post-treatment realities

- Egg sharing leads to a range of treatment outcomes and six donor typologies emerge, these are:
  - (1) donor successful – recipient successful;
  - (2) donor successful – recipient unsuccessful;
  - (3) donor unsuccessful – recipient successful;
  - (4) donor unsuccessful – recipient unsuccessful;
  - (5) donor successful – recipient outcome not known; and
  - (6) donor unsuccessful – recipient outcome not known.
- Consequently, egg sharing leads to the emergence of 'invisible' interrelationships and interdependencies.
- Furthermore, some donors then have to contend with the knowledge that genetically related offspring are being raised in other families. They may also have to inform their own offspring about the existence of genetically related half-siblings.

Conclusions

- Complex ‘invisible’ relationships emerge following involvement in egg sharing.
- Egg share donors can consent to share their eggs, at that point in time. However, the post-treatment realities of egg sharing indicated the need to reconceptualise informed consent.
- I would also suggest that “there are gaps that must be filled in the provision of counselling for people involved in egg sharing, and that there are policy implications for the health and social care professions.” (Golding, 2010).
- Hence, there is a need for further research to be undertaken into egg sharing.
- One area of examination should be the long-term psychosocial implications for egg share donors and their families. Specifically, how do egg share donors feel about their involvement in egg sharing, and what impact has it had on their families since their treatment? For example, have relationships been affected by egg sharing? (Golding, 2011, p.267).

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Thank you for Listening

Any Questions??